



Forms are due quarterly, on or before the last day of the month following the quarter in which the sales at the raceway took place.

Operator name: _____

SSN or FEIN: _____

Iowa sales tax permit number: _____

Current mailing address: _____

City: _____ State: _____ ZIP: _____

Instructions: All columns must be filled out. Any listed vendors must have been listed on the Raceway Facility Retailer Identification form previously submitted to the Department. If you need more space than provided, you may copy this schedule. Send this form and documentation to: Alcohol & Tax Compliance Division, Iowa Department of Revenue, P.O. Box 14454, Des Moines, Iowa 50306-0456.

Vendor Name	Contact Person	FEIN	Permit Number	Reported Sales at the raceway	Sales/Use tax amount to be refunded	Local option tax not eligible for rebate

I, the undersigned, declare under penalties of perjury that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete.

Name: _____ Date: _____